

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10021**

13521

3936

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 510 PRIMARY REG. DIST. NO. 1005 Registrar's No. 3950

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. CITY OR TOWN <u>St Louis</u>	
d. FULL NAME OF DEATH (If not in hospital or institution, give street address or location) <u>204 Homer Phillips Hosp</u>		STREET ADDRESS (If rural, give location) <u>21 2803 Dickerson</u>	
3. NAME OF DECEASED a. (First) <u>Victoria</u> (Type or Print)		b. (Middle)	
c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 6 1903</u>	
9. AGE (In years last birthday) <u>52</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u>		12. CITIZENSHIP (Country) <u>US</u>	
13a. FATHER'S NAME <u>Sam Collins</u>		13b. MOTHER'S MAIDEN NAME <u>Willie Busby</u>	
14. NAME OF HUSBAND OR WIFE <u>Willie Jones</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Willie Jones</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrothorax</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ascites</u> DUE TO (c) <u>Cardiac Hypertrophy</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>4343</u>		22. I hereby certify that I attended the deceased from <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>1255</u> pm, from the causes and on the date stated above.	
23. SIGNATURE <u>Patrick C. Taylor</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>5.3.55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>6 May 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis Co Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. ...</u>	
25. ADDRESS <u>1221 No Taylor</u>		DATE REC'D BY LOCAL REG. <u>MAY 3 1955</u>	

**WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD**

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Paul V. Freeman*

Licensed Embalmer No. *4686*

P. O. Address *4729 Hamm*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.